F° Temperature Log for Refrigerator – Fahrenheit
DAYS 1 – 15

Month/Year_____   VFC PIN or other ID #_____

Facility Name_____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Write your name and initials at the bottom of the page.
3. Record temps twice each workday.
4. Record the min/max temps once each workday—preferably in the morning.
5. Put an "X" in the row that corresponds to the refrigerator's temperature.
6. If any out-of-range temp, see instructions to the right.
7. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range—too warm (above 46°F) or too cold (below 35°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 2.

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Staff Initials																														
Exact Time	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Min/Max Temp (since previous reading)																														

Danger! Temperatures above 46°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
Temperatures	46°F																														
	45°F																														
	44°F																														
	43°F																														
	42°F																														
	41°F																														
Aim for 40°	40°F																														
	39°F																														
Acceptable	38°F																														
	37°F																														
	36°F																														
	35°F																														

Danger! Temperatures below 35°F are too cold! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

Action	Write any out-of-range temps (above 46°F or below 35°F) here:																														
	Room Temperature																														

Name/Initials _____   Name/Initials _____   Name/Initials _____

Vaccine Storage Troubleshooting Record (check one) ❑ Refrigerator ❑ Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.
A fillable troubleshooting record (i.e., editable PDF or WORD document) can also be found at www.immunize.org/clinic/storage-handling.asp.

Date & Time of Event If multiple, related events occurred, see Description of Event below.	Storage Unit Temperature at the time the problem was discovered		Room Temperature at the time the problem was discovered	Person Completing Report	
Date:	Temp when discovered:		Temp when discovered:	Name:	
Time:	Minimum temp:	Maximum temp:	Comment (optional):	Title:	Date:

Description of Event *(If multiple, related events occurred, list each date, time, and length of time out of storage.)*
- General description (i.e., what happened?)
- Estimated length of time between event and last documented reading of storage temperature in acceptable range (35º to to 46ºF [2º to 8ºC] for refrigerator; -58º to 5ºF [-50º to -15ºC] for freezer)
- Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.)
- At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer?
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?
- Include any other information you feel might be relevant to understanding the event.

Action Taken *(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)*
- When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer[s].)
- Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)
- IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

Results
- What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.)

F° Temperature Log for Refrigerator – Fahrenheit
DAYS 16 – 31

Month/Year_____ VFC PIN or other ID #_____

Facility Name_____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Write your name and initials at the bottom of the page.
3. Record temps twice each workday.
4. Record the min/max temps once each workday—preferably in the morning.
5. Put an "X" in the row that corresponds to the refrigerator's temperature.
6. If any out-of-range temp, see instructions to the right.
7. After each month has ended, save each month's log for 3 years, unless state/local jurisdictions require a longer period.

Take action if temp is out of range—too warm (above 46ºF) or too cold (below 35ºF).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state/local health department and/or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 4.

Day of Month	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
Staff Initials																																
Exact Time	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Min/Max Temp (since previous reading)																																

Danger! Temperatures above 46ºF are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

Temperatures																																
46° F																																
45° F																																
44° F																																
43° F																																
42° F																																
41° F																																
Aim for 40° → 40° F																																
39° F																																
38° F																																
37° F																																
36° F																																
35° F																																

(Left vertical labels: Temperatures / Acceptable)

Danger! Temperatures below 35ºF are too cold! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!

Action																																
Write any out-of-range temps (above 46ºF or below 35ºF) here.																																
Room Temperature																																

Name/Initials _____   Name/Initials _____   Name/Initials _____

Vaccine Storage Troubleshooting Record (check one) ❑ Refrigerator ❑ Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.
A fillable troubleshooting record (i.e., editable PDF or WORD document) can also be found at www.immunize.org/clinic/storage-handling.asp.

Date & Time of Event If multiple, related events occurred, see Description of Event below.	Storage Unit Temperature at the time the problem was discovered		Room Temperature at the time the problem was discovered	Person Completing Report	
Date:	Temp when discovered:		Temp when discovered:	Name:	
Time:	Minimum temp:	Maximum temp:	Comment (optional):	Title:	Date:

Description of Event *(If multiple, related events occurred, list each date, time, and length of time out of storage.)*
- General description (i.e., what happened?)
- Estimated length of time between event and last documented reading of storage temperature in acceptable range (35º to to 46ºF [2º to 8ºC] for refrigerator; -58º to 5ºF [-50º to -15ºC] for freezer)
- Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.)
- At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer?
- Prior to this event, have there been any storage problems with this unit and/or with the affected vaccine?
- Include any other information you feel might be relevant to understanding the event.

Action Taken *(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)*
- When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine in proper conditions and label it "do not use" until after you can discuss with your state/local health department and/or the manufacturer[s].)
- Who was contacted regarding the incident? (For example, supervisor, state/local health department, manufacturer—list all.)
- IMPORTANT: What did you do to prevent a similar problem from occurring in the future?

Results
- What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state/local health department instructions for vaccine disposition.)

Instructions

Form No. 670 / 670F

Purpose
This form is to be used in all clinics and health department locations that store Vaccine for Children (VFC) vaccines to record internal temperatures of the refrigerators and freezers. The primary vaccine coordinator and back-up vaccine coordinator are responsible for ensuring that the temperature log is maintained in each clinic and remain in compliance with all state and CDC guidelines on vaccine storage/handling.

INSTRUCTIONS
1. All refrigerators and freezers that are used to store vaccine must be temperature monitored per CDC guidelines.
2. Measurements MUST be performed and recorded twice daily (i.e. at the beginning of the workday and prior to the end of the workday).
3. Temperatures for refrigerators are recorded on form No. 670. Temperatures for freezers are recorded on form No. 670F. (**ALL** thermometers monitoring internal temperatures of vaccine storage units **MUST** have a **CURRENT** certificate of calibration.)
   Record the initials of the individual checking the temperatures. (Staff members that record temperatures **MUST** have written documentation of appropriate education on storage and handling of vaccines within the past year.)
   a. Record the room temperature.
   b. Write your name and initials at the bottom of the page.
   c. Record the time under the A.M. or P.M. column.
   d. Record the refrigerator temperature in Fahrenheit.
   e. Record the min/max temperature once each workday (preferably in the morning).
   f. Place an X in the box that corresponds with the temperature.
4. If the recorded temperature is out of range – too warm or too cold, follow these steps:
   a. IMMEDIATELY notify the Vaccine Coordinator or Back-Up Vaccine Coordinator.
   b. Label vaccines in that particular unit with "DO NOT USE" (a clearly labeled paper bag can be used for this purpose) and store them under appropriate conditions separate from other viable vaccines.
   c. Call the vaccine manufacturer to determine whether the potency of the vaccine(s) has been affected.
   d. Call the Immunization District Representative in your area or the local health department.
   e. Complete the Vaccine Storage Troubleshooting Record located on the back side of the form (complete date & time of event, storage unit temperature, room temperature, person completing report, description of event, action taken and results by following the directions at the top of each section).

The internal temperature of the refrigerator should be:
        Between 35-46 degrees Fahrenheit.

The internal temperature of the freezer should be:
        Between Negative (-) 58 degrees Fahrenheit to 5 degrees Fahrenheit.

OFFICE MECHANICS AND FILING
Form No. 670/670F shall be completed in all clinics and health department locations that store Vaccine for Children (VFC) vaccines. Copies of this form will be forwarded to the Immunization Program upon request.

RETENTION PERIOD
The Temperature Recording Logs (Form No. 670 / 670F) are to be retained by the vaccine coordinator or county coordinating nurse for each clinic for three years after the release of audit.